



Arizona Department of Water Resources
Information Management Unit
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www.azwater.gov

Well Abandonment Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The drilling firm or single well licensee must file this report within 30 days of completion of abandonment. (A.R.S. § 45-594, A.A.C. R12-15-816)

FILE NUMBER

WELL REGISTRATION NUMBER

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**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Location of Well

WELL LOCATION ADDRESS (IF ANY)			TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE $\frac{1}{4}$	40 ACRE $\frac{1}{4}$	10 ACRE $\frac{1}{4}$
COUNTY ASSESSOR'S PARCEL ID NUMBER	LATITUDE		LONGITUDE					
BOOK	MAP	PARCEL	Degrees °	Minutes '	Seconds "N	Degrees °	Minutes '	Seconds "W
			LAND SURFACE ELEVATION AT WELL Feet Above Sea Level					
			METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held					
			<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade					
			*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
			<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					

SECTION 2. OWNER INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
MAILING ADDRESS	
CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER	FAX

SECTION 3. ABANDONMENT AUTHORIZATION

Drilling Firm

NAME	
DWR LICENSE NUMBER	
TELEPHONE NUMBER	FAX

SECTION 4.

Questions	Yes	No	Explanation:
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be or is contaminated?			IF YES, EXPLAIN (ATTACH ADDITIONAL PAGE IF NECESSARY)
2. Is there another well name or identification number associated with this well? (e.g., MW-1, PZ-4, Lot 29 Well, Smith Well, etc.)			IF YES, PLEASE STATE
3. Prior to abandonment, did the well have 20' of surface casing AND 20' of grout in the annular space surrounding the casing?			If no, was the top 20' of casing removed prior to setting the cement plug? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was the well backfilled above the cement plug?			
5. Was the well casing video logged?			
6. Why was the well abandoned?			

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SECTION 5. ORIGINAL WELL CONSTRUCTION DESIGN (attach additional page if needed)

Existing Borehole			Existing Casing (to the best of your knowledge)													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE

Condition of casing: ☐ Good ☐ Fair ☐ Poor**Existing Annular Material** (to the best of your knowledge)

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)								FILTER PACK		
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				

SECTION 6. ACTUAL WELL ABANDONMENT DESIGN (attach additional page if needed)

Refer to ADWR's Well Abandonment Handbook for additional information.

DEPTH TO WATER

DATE ABANDONMENT COMPLETED

Feet Below Land Surface

Casing Treatment						Sealing or Fill Material													
DEPTH FROM SURFACE		TREATMENT TYPE (T)				DEPTH FROM SURFACE		MATERIAL TYPE (T)								MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	VOLUME OF MATERIAL USED (cubic feet)		
FROM (feet)	TO (feet)	SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (explain in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING WAS PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS THAT WERE ADDED	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	HIGH SOLIDS BENTONITE	GROUT			CHIPS	PELLETS

Actual Abandonment Method (See Well Abandonment Handbook)

CHECK ONE

- ☐ Standard Method ☐ Alternative 4: ☐ Other (please specify):
☐ Alternative 1 ☐ Variance Option
☐ Alternative 2 ☐ Alternative 5:
☐ Alternative 3 ☐ Variance Option 1
 ☐ Variance Option 2

Emplacement Method of Sealing or Fill Material

CHECK ONE

- ☐ Gravity
☐ Pressure Grouting
☐ Tremie Pumped
☐ Other (please specify):

REMARKS

I state that this notice is filed in compliance with A.R.S. § 45-594 and A.A.C. R12-15-816 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

SIGNATURE OF QUALIFYING PARTY

DATE